

Form D – ATTENTION DEFICIT/HYPERACTIVITY DISORDER (AD/HD) VERIFICATION FORM

D1 - To be completed by applicant. D2-D8 - To be completed by the licensed healthcare professional.

►NOTICE TO APPLICANT:

Form D, page D1, is to be completed by you. **Please complete, sign and have this page, D1, notarized before submitting the entire form, pages D1-D8, to your licensed healthcare professional for completion.**

Form D, pages D2-D8 are to be completed by the licensed healthcare professional who has been involved in the treatment of your disability or disabilities.

Applicant's Name: _____

Date of Birth: _____ SSN: XXX-XX- _____

I hereby authorize the release of the information requested on this form, and I request that all such additional items supporting my disability be attached to this form and returned to me for submission to the Virginia Board of Bar Examiners.

Applicant's Signature

Date Signed

Subscribed and sworn to before me this _____ day of _____, 20 ____.

My Commission expires _____, 20 ____.

(SEAL)

Signature of Notary

Registration Number (if applicable)

►NOTICE TO LICENSED HEALTHCARE PROFESSIONAL: *For your convenience, this form (Form D – ADHD) is also available on the Board's website (www.vbbe.state.va.us) in a fillable "pdf" version.* Legibly print or type your responses to the items on the following pages. Return this completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

I. Qualifications of the Licensed Healthcare Professional

Name of professional completing this form: _____

Address: _____

Telephone: _____ Fax: _____

Occupation/specialty: _____ / _____

(Jurisdiction) License/Certification Number (_____)

Name of Licensing Entity: _____

MEMO TO LICENSED HEALTHCARE PROFESSIONAL:

Following is the Board's policy for determining whether to grant test accommodations on the General Bar Examination:

In deciding petitions for accommodations by bar applicants, the Board relies upon the following definition of disability contained in the Americans with Disabilities Act as amended by the ADA Amendment Act of 2008 (ADA/ADAAA) as interpreted by controlling case law.

A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. "Substantially" means "considerable" or "specified to a large degree." A bar applicant will be compared to the average person in the general population in determining whether a disability substantially limits a major life activity.

The effects of corrective and mitigating measures—both positive and negative—will be considered when determining whether a bar applicant is "substantially limited" in a major life activity and, therefore, disabled. Corrective and mitigating measures may be measures undertaken, with artificial aids, like medications and devices, and measures undertaken, whether consciously or not, with the body's own systems.

Thus, merely having an impairment does not make an individual disabled for purposes of the ADA and does not automatically qualify a bar applicant for an accommodation. An applicant must also demonstrate that the impairment limits a major life activity. To qualify as being disabled under the ADA, an applicant must further show that the limitation on the major life activity is "substantial."

The determination of a disability by the Board is an individualized inquiry and will be made on a case-by-case basis.

Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Legibly print or type your response to the items below. Return the completed form to the Applicant for submission to the Virginia Board of Bar Examiners for consideration of the Applicant's request for test accommodations.

Is the Applicant's disability within your field of expertise? ____ Yes ____ No

If your answer is "yes," please describe the credentials which qualify you to diagnose and/or verify the Applicant's disability.

Please describe the training you have had in the area of making recommendations for specific time accommodations on licensing examinations such as the Virginia Bar Examination.

II. Diagnostic Information Concerning Applicant

The diagnostic criteria as specified in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) are used as the basic guidelines for determination of Attention Deficit/Hyperactivity Disorder (AD/HD) diagnosis. An Applicant warranting an AD/HD diagnosis must meet basic DSM-IV criteria including:

1. Sufficient numbers of symptoms (delineated in DSM-IV) of inattention and/or hyperactivity-impulsivity that have been persistent and that have been "maladaptive." The exact symptoms should be described in detail.
2. Objective evidence that symptoms of inattention and/or hyperactivity-impulsivity were present during childhood.
3. Objective evidence indicating that current impairment from the symptoms is present in two or more settings. There must be clear evidence of clinically significant impairment within the academic setting. However, there must also be evidence that these problems are not confined to the academic setting.
4. A determination that the symptoms of AD/HD are not a function of some other mental disorder (such as mood, anxiety, or personality disorders; psychosis, substance abuse, low cognitive ability, etc.).
5. Indication of the specific AD/HD diagnostic subtype; predominantly inattentive type, hyperactive-impulsive type, combined type, or not otherwise specified.

DSM-IV criteria are used to provide a basic guideline for AD/HD diagnosis. This diagnosis depends on objective evidence of AD/HD symptoms across the Applicant's development, which cause the Applicant clinically significant impairment within multiple environments. Applicant self-report alone is generally deemed insufficient to establish evidence for AD/HD.

AD/HD evaluation is primarily based on in-depth history consistent with a chronic and pervasive history of AD/HD symptoms beginning during childhood and persisting to the present day. The evaluation should provide a broad, comprehensive understanding of the Applicant's relevant background including family, academic, social, vocational, medical, and psychiatric history. There should be a focus on how AD/HD symptoms have been manifested across various settings over time, how the Applicant has coped with the problems, and what success the Applicant has had in coping efforts. There should be a clear attempt to rule out a variety of other potential explanations for the Applicant's self-reported AD/HD difficulties.

Provide a comprehensive evaluation that addresses all five points above.

Diagnostic Information Concerning Applicant. Complete questions 1-9 that follow.

1. Provide the date the Applicant was first diagnosed with AD/HD. _____

2. Provide the date of your last complete evaluation of the Applicant. _____

3. At the time of your initial evaluation/consultation, did the Applicant have a previously documented history of AD/HD?

____ Yes ____ No

If yes, briefly describe. If no, what objective evidence has been presented for your review that supports a likely history of undiagnosed AD/HD (school records, previous psychological test reports, parent interview, etc.)?

4. List the Applicant's self-reported symptoms of AD/HD indicating sufficient qualification for DSM-IV criteria.

5. Does the Applicant exhibit clinically significant impairment across multiple environments (academic, work, social, etc.)?

____ Yes ____ No

If yes, briefly describe.

6. Are these self-reported symptoms of AD/HD (Question 4) and the evidence of clinically significant impairments across multiple environments (Question 5) supported by information other than the Applicant's self-report (job evaluations, recent teacher evaluation, interviews with significant others)? ____ Yes ____ No

If yes, briefly describe.

7. Does the Applicant meet full DSM-IV criteria for (check which diagnosis applies):

____ AD/HD, Combined Type

____ AD/HD, Predominantly Inattentive Type

____ AD/HD, Predominantly Hyperactive-Impulsive Type

____ AD/HD, not otherwise specified

8. Is the Applicant substantially limited in a major life activity? ____ Yes ____ No

If yes, please state what activity.

9. Is the Applicant significantly restricted as to the condition, manner, or duration under which the Applicant can perform the activity as compared to the general population? ____ Yes ____ No

Please explain why or why not.

III. Formal Testing

AD/HD questionnaires and checklists (Wender-Utah, BAADS, etc.) are helpful to quantify self-reported AD/HD symptoms, but cannot be used to the exclusion of interview and collateral information describing and documenting past and current symptoms.

1. Were AD/HD questionnaires and/or AD/HD checklists completed? ____ Yes ____ No

Objective personality/psychopathology tests are not essential if not indicated. However, they can be helpful to describe the Applicant's emotional status and rule out other psychological problems. If not used, there should be a clear explanation why they were not deemed necessary to rule out other potential explanations for reported AD/HD symptoms.

2. Was psychological testing completed? ____ Yes ____ No

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why testing was not deemed necessary to rule out other psychiatric diagnoses.

Cognitive test results cannot be used as the sole indication of AD/HD diagnosis independent of history and interview. However, these test findings often augment the AD/HD evaluation and should be reported. They are particularly necessary to rule out intellectual limitation as an alternative explanation for academic difficulty, to describe type and severity of learning problems, and to assess the severity of cognitive deficits associated with AD/HD (inattention, working memory, etc.). In general, the Applicant who has completed law school, reporting academic distress secondary to AD/HD symptoms, should demonstrate at least average to above average intelligence.

3. Was cognitive testing performed? ____ Yes ____ No

If yes, briefly describe how the findings support AD/HD diagnosis. If no, explain why cognitive testing was not deemed necessary to rule out low ability level and/or establish objective evidence of processing problem. The evaluation should indicate a concern with reliability, particularly the reliability of self-report information. There should be some indication that the information provided is reliable, is valid, and has not been unduly influenced by the Applicant's motivation to achieve a specified goal.

4. Do you believe the Applicant's motivation level, interview behavior, and/or test-taking behavior is adequate to yield reliable diagnostic information/test results? ____ Yes ____ No

If yes, describe how this determination was made.

IV. AD/HD Treatment

1. Is the Applicant currently being treated for AD/HD? ____ Yes ____ No

If yes, describe the type of treatment and explain whether this treatment is beneficial in ameliorating the AD/HD symptoms and, if so, why accommodations are necessary. If not, explain the rationale for not receiving treatment for this disability.

5. Is there any objective evidence that the recommended testing accommodations have facilitated the Applicant's test performance in the past? ____ Yes ____ No
If yes, please explain.

6. Is there any medical or scientific study you can cite which provided you with data enabling you to determine on an objective basis the exact amount of additional testing time which will place the Applicant in a testing position akin to that enjoyed by a person who does not have this disability? ____ Yes ____ No
If the answer to the above question was "yes," please attach a copy of the study to this form. In the space below, describe how the study supports the accommodations you have recommended for the Applicant.

IV. Complete Attachments

1. TESTING MODIFICATIONS REQUEST CHART (TMRC) attached & completed
2. ADDITIONAL TIME REQUEST CHART (ATRC) attached & completed

IV. Licensed Healthcare Professional's Certification

I have attached to this Form D copies of all records in my possession or control on which I have relied in answering the inquiries on this form. If there exists some ethical or professional reason that I cannot attach the required records to the Form D for return to the Applicant, I hereby certify that I will mail the required records directly to the Virginia Board of Bar Examiners, 2201 W. Broad Street, Suite 101, Richmond, VA 23220. **I understand that the Applicant's request for testing modifications will not be processed without these records causing him/her to make a choice to take the VBE under standard testing conditions or to delay taking the VBE until the Petition is complete.**

I certify that all the information on this form is true and correct to the best of my knowledge and belief.

I understand that a representative or agent of the Virginia Board of Bar Examiners may contact me for clarification on my responses on this form.

Signature of Licensed Healthcare Professional

Date Signed

The Virginia Board of Bar Examiners may have all documentation related to this matter reviewed by the Board's medical specialist, clinical psychologist, or other consultant.

TESTING MODIFICATIONS REQUEST CHART (TMRC)

Standard testing on the Virginia Bar Examination (VBE) is two days. The first day is the Virginia Essay session administered in two 3-hour sessions and the second day is the Multistate Bar Examination (MBE) which is a standardized test also administered in two 3-hour sessions. There is about a 1 ½ hour lunch break between sessions on each day of the exam. ADDITIONAL TIME REQUEST CHART (ATRC) details each session. The typical physical testing environment consists of a large room in which 150 – 900 applicants are seated in assigned seats, two per 6' table or three per 8' table. Examinees are not allowed to have food or drink in the testing room; however, they are allowed to leave the room to go to the restroom or to the water fountain or water station. *In addition, all applicants may (after registering and paying the registration fee) participate in the Laptop Essay Program.

Chart A

Check box	ACCOMMODATION	Specific rationale for accommodation. If you need more space, continue on a separate sheet of paper.
	Additional testing time.	<i>If checked, complete an ADDITIONAL TIME REQUEST CHART (ATRC) If ATRC is not completed, no extra time will be granted</i>
	Large Print (Standard - 12 point font) <input type="checkbox"/> 18 point <input type="checkbox"/> 24 point	
	Braille version of Exam	
	Use of magnifying glass or special visual aid/apparatus. <i>Specify in next column.</i>	
	Assistance in filling in MBE grid	
	Use of sign language interpreter	
	Use of a reader	
	Typist/use of a court reporter	
	Audio cassette version of exam	
	Separate testing area	
	Wheelchair accessibility	
	Other requests not listed above (please list requests below)	

If an applicant with a claimed disability requests the use of a computer to type the answers to the essay questions and if the Board or its expert in the claimed disability concurs that the use of a computer is medically necessary, then the Board will guarantee the applicant a seat in one of the laptop testing rooms **provided the applicant properly registers and pays the appropriate fee.*

ADDITIONAL TIME REQUEST CHART (ATRC)

Day 1, Morning Session:

Applicants are administered an essay test consisting of 5 essay questions in various subject matters. An applicant is provided 8 sheets of lined paper per answer. Typically, the applicant does not use that much paper. In lieu of writing, the applicant may choose to type his/her answers using their own laptop computer.

Standard Time **Requested Additional Time** **Total Test time for this testing session**
3 hrs (180 min) + =

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 1, Afternoon Session:

Applicants are administered an essay test consisting of 4 essay and 20 short answer questions (designed to be answered in a few words) in various subject matters. An applicant is provided 8 sheets of lined paper per essay answer and typically, the applicant does not use that much paper. In lieu of writing, the applicant may choose to type his/her essay answers using their own laptop computer. Short answer questions must be handwritten in the short answer booklet.

Standard Time **Requested Additional Time** **Total Test time for this testing session**
3 hrs (180 min) + =

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 2, Morning Session:

Applicants are administered a 100-question multiple-choice examination which must be answered by "bubbling" in (using a pencil) answers on a computer-graded grid sheet.

Standard Time **Requested Additional Time** **Total Test time for this testing session**
3 hrs (180 min) + =

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.

Day 2, Afternoon Session:

Applicants are administered a 100-question multiple-choice examination which must be answered by "bubbling" in (using a pencil) answers on a computer-graded grid sheet.

Standard Time **Requested Additional Time** **Total Test time for this testing session**
3 hrs (180 min) + =

Provide an explanation as to how specific aspect(s) of your disability affects your ability to take this portion of the VBE under the above-listed standard time.
